

Dr. Cunningham

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021514  
STATE FILE NUMBER

38281-58  
FILED JUL 14 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 682

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENE</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SPRINGFIELD</b>   |                                  | c. CITY OR TOWN <b>SPRINGFIELD</b> 6396   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>2450 N. LYON</b>  |   |
| 3. NAME OF DECEASED<br>(Type or print) <b>INFANT SON OF MR. MRS. WILLIAM BARNETT</b>  |                                  | 4. DATE OF DEATH<br>Month <b>JULY</b> Day <b>2</b> Year <b>1958</b>   |   |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>JULY 2 1958</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>INFANT</b>  |                                  | 11. BIRTHPLACE (City and state or country)<br><b>SPRINGFIELD, MO.</b>   |   |
| 13a. FATHER'S NAME<br><b>WILLIAM BARNETT</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>X</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, <b>NO</b> unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.<br><b>NO</b>  |   |
| 17. INFORMANT<br><b>WILLIAM BARNETT</b>   |                                  | Address<br><b>SPRINGFIELD, MO.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Atelectasis Pulmonary</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Prematurity</b><br>DUE TO (c) <b>7625</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. Month, Day, Year _____  |                                  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20f. CITY, TOWN, OR LOCATION  |                                  | COUNTY STATE  |   |
| 21. I attended the deceased from <b>7-2-58</b> to <b>7-2-58</b> and last saw her alive on <b>July 2, 1958</b><br>Death occurred at <b>2 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE<br><b>Delean Cunningham, M.D.</b>  |                                  | 22b. ADDRESS<br><b>Springfield, Mo</b>  |   |
| 22c. DATE SIGNED<br><b>7-7-58</b>   |                                  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                                  | 23b. DATE<br><b>7/3/58</b>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>GREENLAWN</b>  |                                  | 23d. LOCATION (City, town, or county)<br><b>SPRINGFIELD, MO.</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>H.H. LOHMEYER</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>7-7-58</b>   |   |
| ADDRESS<br><b>SPRINGFIELD, MO.</b>  |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Effie S. Meltzer</b>  |   |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *not Embalmed* .....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

\* If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.